

Individual Income Tax Return
RESIDENT

2006

DO NOT WRITE OR STAPLE IN THIS SPACE

PART-YEAR RESIDENTS MUST USE FORM N-15.

RESIDENTS FILING A FEDERAL TAX RETURN SHOULD USE FORM N-11.

Calendar Year 2006

or fiscal year beginning _____, 2006 and ending _____, 2007

☐ Check box if filing for the first time or if address or name has changed

PNT INT

USE STATE LABEL OTHERWISE PRINT OR TYPE	Your first name and initial	Last name	Your social security number
	If a joint return, spouse's first name and initial	Last name	Spouse's social security number
	Present mailing or home address (Number and street, including apartment number or rural route)		↑ IMPORTANT ↑ You must enter your SSN(s).
	City, town or post office, State and ZIP code. If you have a foreign address, see Instructions.		
			Your occupation / Spouse's occupation

HAWAII ELECTION
CAMPAIGN FUND

Do you want \$2 to go to the Hawaii Election Campaign Fund? Yes ☐ No ☐ Note: Checking "Yes" will not increase your tax or reduce your refund.

If joint return, does your spouse want \$2 to go to the fund? Yes ☐ No ☐

FILING STATUS	1 <input type="checkbox"/> Single	(Check only ONE box)	4 <input type="checkbox"/> Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. ▶ <input type="checkbox"/>
	2 <input type="checkbox"/> Married filing joint return (even if only one had income).		
	3 <input type="checkbox"/> Married filing separate return. Enter spouse's SSN above and full name here. •		5 <input type="checkbox"/> Qualifying widow(er) with dependent child (Year spouse died • _____).

Caution: If you can be claimed as a dependent on another person's tax return (such as your parents'), do not check box 6a, but be sure to check the box below line 35.

6a <input type="checkbox"/> Yourself	<input type="checkbox"/> Age 65 or over	} Enter number of boxes checked on 6a and 6b <input type="text"/>		
6b <input type="checkbox"/> Spouse	<input type="checkbox"/> Age 65 or over			
If you checked box 3 and 6b above, see the Instructions on page 9 and if your spouse meets the qualifications, check here <input type="checkbox"/>				
Dependents:				
6c 1. First and last name	If more than 3 dependents use attachment	2. Dependent's social security number	3. Relationship	Enter number of your children listed 6c <input type="text"/>
and				Enter number of other dependents 6d <input type="text"/>
6d				Add numbers entered in boxes above 6e <input type="text"/>
6e	Total number of exemptions claimed.....			

INCOME	7	Wages, salaries, tips, etc. (Attach Form(s) W-2)	7•		00	
	8	Interest income from the worksheet on page 31 of the Instructions	8•		00	
	9	Ordinary dividends	9•		00	
	10	State income tax refund from the worksheet on page 31 of the Instructions	10•		00	
	11	Alimony received: Enter name and address of payer	11		00	
	12a	Gross receipts from business or farm	12a		00	
	12b	Net income or (loss) from business or farm	12b•		00	
	13	Capital gain or (loss) from worksheet on page 31 of Instructions	13•		00	
	14a	Total IRA distributions ... 14a <input type="text"/> 00	14b	Taxable amount (see page 36 of the Instructions) ...	14b•	00
	15a	Total pensions and annuities 15a <input type="text"/> 00	15b	Taxable amount (see page 36 of the Instructions) ...	15b•	00
	16a	Gross rents received.	16a		00	
	16b	Net rental income or (loss).....	16b•		00	
	17	Unemployment compensation (insurance).	17•		00	
	18	Other income (state nature and source)	18•		00	
19	Add amounts in far right column for lines 7 through 18 Total Income ▶	19•		00		

ADJUSTMENTS TO INCOME	20	Certain business expenses of reservists, performing artists, and fee-basis government officials.	20		00
	21	IRA deduction	21		00
	22	Student loan interest deduction from worksheet on page 32 of the Instructions	22		00
	23	Health savings account deduction.....	23		00
	24	Moving expenses	24		00
	25	One-half of self-employment tax	25		00
	26	Self-employed health insurance deduction	26		00
	27	Self-employed SEP, SIMPLE, and qualified plans	27		00
	28	Penalty on early withdrawal of savings.....	28		00
	29	Alimony paid — Enter name and social security number of recipient	29		00
	30	Payments to an individual housing account	30•		00
	31	First \$2,998 of military reserve or Hawaii national guard duty pay.....	31•		00
	32	Exceptional trees deduction (attach affidavit) (see page 39 of the Instructions)	32•		00
	33	Add lines 20 through 32..... Total Adjustments ▶	33•		00

AGI	34	Line 19 minus line 33..... Adjusted Gross Income ▶	34•		00
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• ATTACH CHECK OR MONEY ORDER AND FORM N-200V HERE • ATTACH COPY B OF FORM HW-2 HERE •

TAX COMPUTATION	35 Amount from line 34. (adjusted gross income).....		35		00
	CAUTION: If you can be claimed as a dependent on another person's return, check here <input type="checkbox"/> • and see the Instructions on page 39.				
	36 If you do not itemize your deductions, go to line 37 below. Otherwise go to page 39 of the Instructions and enter your itemized deductions here.				
	36a	Medical and dental expenses (from Worksheet A-1)	36a•		00
	36b	Taxes (from Worksheet A-2)	36b•		00
	36c	Interest expense (from Worksheet A-3)	36c•		00
	36d	Contributions (from Worksheet A-4).....	36d•		00
	36e	Casualty and theft losses (from Worksheet A-5).....	36e•		00
	36f	Miscellaneous deductions (from Worksheet A-6).....	36f•		00
	37 Enter the larger of your: <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 5px;"> <div style="font-size: 3em; line-height: 1;">}</div> <div> Itemized Deductions — If line 35 is more than \$100,000 (\$50,000 for married filing separately), see the worksheet on page 31 of the Instructions. If not, add lines 36a through 36f. OR Standard Deduction shown below for your filing status. Single — \$1,500 Head of household — \$1,650 Married filing jointly or Qualifying widow(er) — \$1,900 Married filing separately — \$950 </div> <div style="font-size: 3em; line-height: 1;">}</div> </div>				
38	Line 35 minus line 37. (This line MUST be filled in)	38•		00	
39	Multiply \$1,040 by the total number of exemptions claimed on line 6e. If you and/or your spouse are blind, deaf, or disabled, check applicable box(es) • <input type="checkbox"/> Yourself • <input type="checkbox"/> Spouse, and see page 40 of the Instructions.	39•		00	
40	Taxable Income. Line 38 minus line 39 (but not less than zero) Taxable Income ➤	40•		00	
41	Tax. Check if from <input type="checkbox"/> Tax Table; <input type="checkbox"/> Tax Rate Schedule; <input type="checkbox"/> Form N-168; <input type="checkbox"/> Form N-615; or <input type="checkbox"/> Capital Gains Tax Worksheet on page 30 of the Instructions. Net capital gain from line 14 of Capital Gains Tax Worksheet • (• <input type="checkbox"/> Check here if separate tax from Forms N-2, N-103, N-152, N-312, N-318, N-338 N-405, N-586, or N-814 is included) Tax ➤	41•		00	
TAX PAYMENTS AND CREDITS	42	Total nonrefundable tax credits (attach Schedule CR).....	42		00
	43	Line 41 minus line 42 (but not less than zero) Balance ➤	43		00
	44	Hawaii State Income tax withheld and tax withheld on IHA distribution	44•		00
	45	2006 estimated tax payments	45•		00
	46	Amount of estimated tax applied from 2005 return.	46•		00
	47	Amount paid with extension(s)	47•		00
	48	Low-Income Refundable Tax Credit (attach Schedule X) DHS, etc. exemptions •	48•		00
	49	Credit for Low-Income Household Renters (attach Schedule X).....	49•		00
	50	Credit for Child and Dependent Care Expenses (attach Schedule X)	50•		00
	51	Credit for Child Passenger Restraint System(s) (attach a copy of the invoice)	51•		00
52	Total refundable tax credits from Schedule CR (attach Schedule CR).....	52		00	
53	Add lines 44 through 52..... Total Payments and Credits ➤	53•		00	
REFUND OR AMOUNT YOU OWE	54	If line 53 is larger than line 43, enter the amount OVERPAID (line 53 minus line 43)	54•		00
	55	Contributions to (See Instructions):..... Yourself Spouse			
	55a	Hawaii Schools Repairs and Maintenance Fund.....• <input type="checkbox"/> \$2 • <input type="checkbox"/> \$2			
	55b	Hawaii Public Libraries Fund.....• <input type="checkbox"/> \$2 • <input type="checkbox"/> \$2			
	55c	Domestic Violence / Child Abuse and Neglect Funds.....• <input type="checkbox"/> \$5 • <input type="checkbox"/> \$5			
	56	Add lines 55a through 55c	56		00
	57	Line 54 minus line 56	57•		00
	58	Amount of line 57 to be applied to your 2007 ESTIMATED TAX	58•		00
	59	Amount to be REFUNDED TO YOU (line 57 minus line 58). If filing late, see page 44 of Instructions.....	59•		00
	60	AMOUNT YOU OWE (line 43 minus line 53). Send Form N-200V with your payment	60•		00
61	Estimated tax penalty. (See page 45 of Instructions.) Do not include this amount in line 54 or 60. Check box if Form N-210 is attached ➤ • <input type="checkbox"/>	61•		00	
AMENDED RETURN	62	AMENDED RETURN ONLY — Amount paid (overpaid) on original return. (See Instructions).....	62•		00
	63	AMENDED RETURN ONLY — Balance due (refund) with amended return. (See Instructions).....	63•		00
DESIGNEE	64 If you don't need Hawaii income tax forms mailed to you next year, check here to receive a preprinted label only..... • <input type="checkbox"/>				
	If designating another person to discuss this return with the Hawaii Department of Taxation, complete the following. This is not a full power of attorney. See page 46 of the Instructions. Designee's name ➤ _____ Phone no. ➤ _____ Identification number ➤ _____				
DECLARATION — I declare, under the penalties set forth in section 231-36, HRS, that this return (including accompanying schedules or statements) has been examined by me and, to the best of my knowledge and belief, is a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the Hawaii Income Tax Law, Chapter 235, HRS.					
PLEASE SIGN HERE	➤ _____ Your signature Date		➤ _____ Spouse's signature (if filing jointly, BOTH must sign) Date		
	Paid Preparer's Information	Preparer's Signature and date	Preparer's identification number		Check if self-employed ➤ <input type="checkbox"/>
		Print Preparer's Name			
		Firm's name (or yours if self-employed), Address, and ZIP Code	Federal E.I. No. ➤ _____		
		Phone no. ➤ _____			